

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Likini Licensed Crisis Residential Services	CHAPTER 98
Address: 5165 Likini Street, Honolulu, Hawaii 96818	Inspection Date: October 15, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§ 11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e)(10)(H)  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>Policies and procedures relative to general rules regarding residents' records, including:</p> <p>The facility's responsibility to secure the information under lock against loss, distribution, defacement, tampering, or use by unauthorized persons;</p> <p><b><u>FINDINGS</u></b>  Resident #1, #2, #3, &amp; #4 – “Multidisciplinary Signature Record” contained entries blacked out by black marker under the “PRINT name” column.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (a)(3) The design and construction of each building or buildings comprising the facility shall meet the minimum requirements of the following codes:</p> <p>Applicable rules of the department relating to sanitation.</p> <p><b><u>FINDINGS</u></b> Three (3) refrigerators throughout facility without working thermometers.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_